

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3		2				
4		2				
5		2				
6		2				
7		2				
8		1				
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26	1					
27		2				
28		2				
29		2				
30		2				
31						
32						
33						
34	1					
35						
36		2				
37		2				
38		2				
39						
40						
41						
42		2				
43	1					
44		1				
45		2				
46		2				
47		2				
48		2				
49		2				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51						
52	1					
53		1				
54		2				
55		2				
56		2				
57		1				
58		1				
59						
60	1					
61		1				
62		2				
63		2				
64		2				
65						
66		1				
67		1				
68	1					
69		1				
70		2				
71		2				
72		2				
73		1				
74		1				
75		1				
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	7					
TOTAL DEP.	94					
TOTAL CLAIMS	101					